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ABSTRACT

Project Da Da Kidogo is an innovative and culturally specific program based on the African proverb "It takes an entire village to raise a child." The program provides a wide range of services to meet the academic, social, cultural, and recreational needs of the young African American women in the community. The program focuses on peer group, individual, and family domains, and uses a holistic case-managed approach to services. This paper presents the evaluation of Project Da Da Kidogo in its fourth year, identifying the counseling needs of the African American female adolescents in the community, the use of the counseling services provides by the project, and identifying emerging issues in the area of minority counseling. The target population was African American adolescent females in the north and northeast quadrant of urban Multnomah County (Oregon), the area that includes Portland and Gresham. Services were offered at a middle school, a high school, and a drop-in center. The proposed sample was set at 40 participants, and the actual sample was 38 in the evaluation year. Participants completed a survey of behavior, a sense of self survey, and the Child Assessment Checklist. Evaluation results indicate that the program's main accomplishment has been the development and orientation of the program in the two schools. Survey responses show that the program has been well received by participants, and that it has been helpful in educating students about substance use issues and communication skills. The program enhanced protective factors and reduced risk factors for the participants, who received enrichment experiences and emotional support. There is a strong consensus that the program helps provide a strong and effective prevention program for dropout and pregnancy. (Contains 5 figures and 12 tables.) (SLD)

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Lessons and Challenges from a Culture and Gender Responsive School-Based Youth Program Project Da Da Kidogo

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Lessons and Challenges from a Culture and Gender Responsive School-Based Youth Program Project Da Da Kidogo

I. Overview of the Intervention

A. Statement of the problem

Project DaDa Kidogo is an innovative and culturally specific program based on the African proverb, "It takes an entire village to raise a child." The program provides a wide range of services to meet the academic, social, cultural and recreational needs of the young African American women in the community. The program focuses on three domains: peer group, individual, and family. The prevention methodology of the program assesses each adolescent's total needs and addresses those needs through a holistic, case-managed approach. The program believes it is essential to consider the social context of alcohol, tobacco, and other drug use (ATOD) and to address the environment in which the decisions to use, abuse, or abstain are made.

Information on what is helpful for adolescent females is very limited; information to scientifically document the value of promoting specific protective factors is limited; information on the best methods to promote protective factors for African Americans is limited; and information on promoting protective factors related to ATOD use for African American adolescent females who are at risk is virtually non-existent. The evaluation design for Project DaDa Kidogo provides comprehensive information to enlighten what works best for this population.

Each year in the United States, there are over one million pregnancies, almost 500,000 births, and over 400,000 abortions to women less then 20 years old (Hayes, 1987; Moore, 1990). Over one-half of these pregnancies are to unmarried women. Teen births now comprise almost one-eighth of all births recorded in the United States (March of Dimes, 1986). One in four girls becomes pregnant before leaving high school (National Research Council, 1987). Twenty percent of the teen mothers have a second pregnancy within two years. U.S. teens under the age of 15 are at least 15 times more likely to give birth than their peers in any other western nation (Van Winter and Simmons, 1990; Polit and Kahn, 1986; Mackiak et al., 1987).

The proportion of babies born to unwed teenagers has increased at an alarming rate. In 1983, 54 percent of the nearly half million babies born to teenagers were children of unwed mothers compared to five percent in 1960 (Select Committee on Children, Youth and Families, 1987). Eight out of ten teenage pregnancies are unintended (National Research Center, 1987).

Two out of three pregnant teens drop out of school. Teen mothers are unlikely to ever complete high school and are likely to hold low-paying jobs. Eighteen percent of young women who bear children while under the age of 18 will complete high school, and only one-fifth of those are likely to finish college. Teen mothers are seven times more likely to be impoverished than women who postponed childbearing. (Repke, 1990; Slap, 1988).

Approximately 60 percent of all American households receiving Aid to Families with Dependent Children (AFDC) are headed by former or current teen mothers. Adolescent parenting costs the United States' taxpayers $21 billion in 1989 for Aid to Families with Dependent Children (AFDC), Medicaid, and Food Stamp payments, and not including housing subsidies, foster care, or daycare costs (Wazak, 1990). Families headed by young mothers are several times more likely to live in poverty. About 67 percent of the children of adolescent mothers are living below the poverty line by the time they are six years old (Hayes, 1987).

Teen pregnancy also poses potential health risks to both the mother and the child. Almost one-half of all pregnant teenagers do not receive first trimester prenatal care; pregnant teenagers are almost three times more likely as older mothers to receive late or no prenatal care. Health risks to the teenage mother include toxemia, anemia, hemorrhage, and miscarriage. Teen mothers are 20 percent more likely to die from complications of pregnancy and delivery than women in their early twenties. Babies born to teenagers often are born too small, too soon, hence having a higher risk of serious health and future learning problems.

Cost of Teenage Childbearing to Society

Teenage pregnancy has dire consequences for the teenage mother, the teenage father, and the children. It has been said that teenage pregnancy has as much significance for the future of our nation as the budget deficit, the trade deficit, interest rates, and unemployment. In sum, the costs to society are staggering. The Center for Population Statistics estimates that over the next 20 years, society will have to pay $16 billion to support first-born infants of teenagers.

Medical Care

Because only about half of teen mothers obtain early prenatal care (46 percent of teenage mothers do not receive prenatal care in their first trimester), their children are more likely to have significant health problems at birth. One in seven babies born to teenagers under the age 15 has a low birth weight. Many do not survive their first year of life. Infants whose mothers receive late or no prenatal care are 40 times more likely to die during the neonatal stage than infants born to mothers who receive prenatal care. The U.S. has one of the highest rates of mortality of any industrialized nation. The maternal mortality rate for mothers under age 15 is 60 percent greater than for women in their 20's. The younger a woman is, the less likely she is to receive prenatal care in the first trimester of her pregnancy. In 1993, the low birth weight (LBW) rate for teen mothers was 58.3 per

1,000 births. A persistent LBW differential between age groups indicates that the babies of teenage mothers are at elevated risk.

Babies born to young mothers are more likely to have health problems during childhood and more likely to be hospitalized than are those born to older mothers. The 1993 rate of low Apgar scores among newborns of teen mothers was 17.9 per 1,000 births. The 1993 rate was 21 percent higher than that for mothers 20 years or older. The following percentages were reported in 1988 of children aged 5 and younger who had health problems and whose mothers were: age 17 and younger, 32 percent; age 18-19, 31 percent; age 20-24, 25 percent; age 25 and older, 22 percent. The following percentages were also reported in 1988 of children aged five and younger who had been hospitalized and whose mothers were: age17 and younger, 10 percent; age 18-19, 8 percent; age 20-24, 6 percent; 25 and older, age 5 percent. Pregnancy and complications accounted for 3.8 percent of the total direct costs for the civilian non-institutionalized population, and 10.5 percent of direct costs for people age 17-44 years. (U.S., 1980.)

Education:

Because so many teenage mothers do not finish high school, they face severely limited choices in employment. As a result, teenage mothers are twice as likely as other mothers to become dependent on welfare benefits. (An average of 51 percent of adult recipients of AFDC do not finish high school). As the education of the head of the household increases, the per capita societal costs for health services generally decrease (see table below).

Table 1
Per Capita Societal Costs for Health Services
As Education of the Head of Household Income Increases (1980)

Education of Head of Family	*All Direct Costs, per capita*
None and Elementary	$862
Some High School	696
High School Graduate	647
Some College	643
College Graduate	651

Of those women who become mothers before the age of 20, only two percent will graduate from college. About 25 percent of the low birth weight babies who do survive their first year are at risk of being permanently disabled mentally and physically. For the 1977-1978 school year, total nationwide expenditures for the "added cost" of special education (those costs above regular education) were over $7 billion. The total cost per handicapped child estimates were $3577.00, which is 2.17 times greater than per non-handicapped child. By age level, the costs were a total of $3526.00 (added cost) at

preschool level, a total of $3267.00 ($1617.00 added cost) at elementary level, and a total of $4099.00 ($2449.00 added cost) at secondary level per handicapped child in 1977-1978. In order to be defined as "special ed," the students must be tested and determined to be two years below their mental capabilities.

Legal/ Judicial

More than 75 percent of all offenders housed in penitentiaries are children of teen parents. Non-graduates are at least four times as likely as graduates to engage in unlawful behavior. The public bill for direct birth costs and continuing care for foster or *residential* care at the rate of eight months at $9,500.00 annual cost, in 1992 dollars, was $3.5 million.

Employment/ Income

Women who have their first child as a teenager receive lower hourly wages, accumulate less work experience, and earn less annually than other women. In fact, teenage mothers earn about 50 percent of the income of those who first give birth in their twenties. Women who give birth as teenagers eventually have a median family income well above poverty, though lower than that of women who are older at first birth. The median family income of women aged 30-39 (1986) who had their first birth when they were 19 and younger was $17,600; 20-24, $24,000; and 25 and older, $36,400. For each year a first birth is delayed, family income at age 27 increases by almost $500.00. What's more, delaying a birth just until age 18 or 19 raises potential family income by close to $700.00. This means that for each year a first birth is delayed (until age 20), the chance of a woman and her family living below the poverty level is reduced about 20 percent. The poverty line for a family of four, in 1986, was $11,203. As household income (U.S. '80) increases, the per capita costs for health services decrease (see table below).

Table 2
Per Capita Costs for Health Services As Household Income Increases (1980)

Family Income	*% of Population*	*All Direct Costs*
< $5,000	7.3	$997
$5,000-14,999	26.1	800
$15,000-34,999	46.4	585
$35,000 +	20.2	682

According to the data complied by the Oregon Health Division, African-American teenage girls are more than twice as likely to become pregnant than teenagers of other

ethnic backgrounds. More than one in three African-American girls who were 12 years old in 1980 had a baby by the time they were 19 years old.

Teenage mothers of all ethnic backgrounds have elevated risk factors, but African-American teens and their infants are at increased risk. These mothers are most likely to be unwed, have less education, and are twice as likely to give birth to a child within 15 months of a previous child's birth. One in four African-American teenage mothers have inadequate prenatal care. In Oregon, one out of every five African-American infants is born by a teenage, unwed mother. In addition, Oregon Health Division data indicates that more than 30 percent of teenage African-American mothers giving birth in 1990 had used alcohol, illicit drugs and/or tobacco while pregnant.

Mounting research suggests that no one program component can have a significant and lasting effect on adolescent alcohol and other drugs use prevention, and that multiple components are required (Dryfoos, 1993). Several recent experiments suggest that combined interventions in community-wide strategies may be successful (Pentz, 1989; Perry, 1992.) These interventions can be used to support and extend prevention skills learned initially in a school-based program and to promote a consistent community norm for not using drugs (Dryfoos, 1990.) In-depth analyses of programs that achieve positive results provide additional evidence that it is the comprehensive programs that are the most effective (Hawkins, 1992).

Project DaDa Kidogo aims at reducing teenage pregnancy, drop-out rates, and substance abuse among the female adolescent population in the hope of ending the cycle of abuse that has caused the destruction of too many families. Comprehensive prevention services are offered at a middle school and a high school, at a drop-in center, and in the adolescent's home. A full assessment of all the individual adolescent's needs is conducted by a case worker to insure that all needs are addressed and dealt with in the context of a holistic approach. All adolescents are involved in new peer group development, with counseling, skill-building, didactic information, conflict resolution, and decision-making practice, as well as individual counseling at the project site. The case workers conducts home visits to form a relationship with a parent or primary caregiver. Whenever possible, the parent or caregiver's needs are assessed and services are provided directly or case managed so that the primary caregiver can be a stronger and more positive role model.

B. Theoretical underpinnings linking intervention to desired outcomes

This study presents the evaluation of Project DaDa Kidogo, an adolescent program designed specially for African American female adolescents. The purpose of the study was to guide the kinds of services that the program provided to the African-American community in the region. Specifically the goals of the study were to: 1) identify the counseling needs of African Americans female adolescents; 2) describe the degree and patterns of the use of mental health and counseling services by African American female

adolescents; 3) identify emerging issues in the area of minority counseling; and 4) identify ways to improve the quality of service delivery to African American female adolescents in the community.

The outcome evaluation used the same logic model as the program and addressed three levels:

1) Outcomes for each of the **activities** (programs) within each intervention strategy for each domain covered by the project; these activities led to
2) Outcomes for each of the **intervention strategies;** these led to
3) The **long term outcomes**.

Progress Chart for the Logic Model

The project established intervention strategies for the most important protective and risk factors for adolescent females. Each strategy, in turn, was implemented by a set of activities for three domains: family, peer, and individual. Primary focus was the domain of the family; the community and school domains were monitored as part of the activity of the project, but were not areas of focus. The activities were listed under each strategy in the Progress Chart for the Logic Model. Success with the strategies would, in turn, lead to improvements in the long term outcomes. Baseline and results from each new set of assessments were displayed and plotted over time to show progress at all three levels simultaneously and in relationship to each other.

One of the strengths of the Progress Chart for the Logic Model was that it allowed all of the stakeholders to have a shared and comprehensive understanding of the total effort and outcomes. It depicted progress in a visual overview through color. Progress on each activity was displayed by filling up the rating scale for it with a red marker. Progress on an intervention strategy, likewise, was displayed by filling in the rating scale with red. And finally, progress on each of the long term outcomes was also displayed with red markers. A casual viewer could then see progress comprehensively at a glance; areas with the most red showing the most progress.

The Progress Chart for the Logic Model also showed where strategies needed to be bolstered and where activities could be integrated with each other. Since the Chart portrayed activities in terms of risk and protective factors, the level of effort for each domain and the success for each domain for each factor became readily apparent by the red marks.

The project involved key community representatives, including adolescents, by having them make judgments about progress on all three levels. The judgments did not replace hard data on progress; rather, the judgments enlightened the meaning of the data. It is the judgments of key community representatives about the data that ultimately influence the long-term continuation and success of the project.

Baseline information was taken, using the standardized tools, for each outcome at the beginning of the project, after three months, and annually until two years after participation by the adolescents. Charts were used to plot progress over time, providing a clear picture of the interrelationships of risk/protective factors and long term outcomes

Long Term Objectives

The long term objectives involved increasing the percentage of female adolescents who avoided ATOD. The participants in the project were surveyed using the *NWREL Survey of Adolescent Health Behaviors* when they entered the program, after three months, after one year, and after two years of completing the program. Avoidance was defined as an answer of "none" to the question (for alcohol, tobacco products, or other drugs): "How often have you used the following drugs in the past 30 days." In addition, other results from the survey were used in the evaluation reports, such as delay of use and lifetime abstinence, to describe differences between the two groups. Other questions revealed the number of new users, the number of users, the number who disapproved of use, and the perception of harm associated with use. Results were compared to the same questions from the national survey *Monitoring the Future*, currently used throughout the United States. Results from the treatment group were compared to national norms for the same grade level, sex, and ethnic group.

Although other factors were not part of the key long-term objectives, differences in other important arenas were also monitored through the survey. With parental permission, participants in the project were also asked about attitudes regarding the harmfulness of drugs, parental attitudes about drugs, views about friends' use of drugs, safety, health and diet, and (optional) sexual behavior and suicide. In addition to comparing the two groups, it was also possible to compare the data to that from female adolescents of similar demographic characteristics for the state of Washington.

An abbreviated version of the survey has been administered to approximately 14,000 students in the state of Washington every other year since 1987 and including last year, it has been administered to approximately 55,000 students in the state of Hawaii during the same period; in addition, thousands of students have been administered the survey in Oregon during the same period. The survey has high concurrent validity with the *Monitoring the Future Survey*, one of the most broadly used surveys in the field of ATOD.

The survey includes demographic information, such as gender and ethnic group. NWREL's large database on responses allowed normative information to be used with the Adolescent Female project, especially concerning differences between African American adolescent females and other groups. Results from the *Oregon Public School Drug Use Survey* was also used to provide normative data.

Cross-validation studies on self-report on ATOD use have shown that, with proper precautions for confidentiality, valid and reliable results can be obtained. The NWREL survey instrument also has items to test for internal consistency of responses and methods

are used to detect and remove "spurious" responses; spurious responses have constituted less than five percent of all responses for this survey. (A spurious response is one in which the respondent is clearly not answering the survey with the intent of providing valid information.)

In addition to the NWREL *Student Alcohol and Drug Use Survey*, Project DaDa Kidogo used the *Bi-monthly Monitoring Survey*, designed collaboratively by NWREL and DaDa Kidogo staff. The survey provided ongoing monitoring of ATOD and risk behavior services provided, along with information on levels of use. The survey also included an annual evaluation of the impact of services on ATOD use. The Survey provided information from the case managers to cross-validate information from the adolescents.

C. Brief description of the intervention -- the set of activities administered to the specific population assessed

I. PEER GROUP DOMAIN

Interventions: The primary intervention strategy in this domain was to create a peer group which was comfortable for each adolescent as a positive counterbalance to risk factor peer groups. Specific interventions were to: 1) provide peer group development work twice weekly for 1.5 to 2 hours each session in each school setting and at the project site; 2) provide peer groups for positive reinforcement of academic achievement; 3) provide peer group work for life, communication, and decision-making skill training; 4) provide peer group work for resistance skill training, specifically skills in resisting pressure to use drugs from adolescent males in dating situations; 5) provide peer group work for dating and sexuality issues and pregnancy prevention; 6) provide ATOD education; and , 7) provide peer group work for reinforcement of gender normative behavior and negative attitude toward drugs.

II. INDIVIDUAL DOMAIN

A. Self Aspect:
Interventions: To counteract the risks in this aspect of the Individual Domain, interventions centered on: 1) providing counseling and education within a positive peer group setting as well as one-on-one counseling sessions; 2) providing positive alternative activities and recreational opportunities; and, 3) providing positive role modeling and mentoring.

B. Educational Aspect:
Interventions: The intervention strategy focused on providing 1) supplemental academic assistance; 2) "connectedness" through a positive peer group culture; and, 3) positive role modeling through mentors, Big Sisters, and the adolescent's relationship with project staff.

III. FAMILY DOMAIN

Interventions: The intervention strategy in this domain focused on: 1) recruiting the parent/caregiver as a role model; 2) providing individual and group counseling; and, 3) providing parent education programs.

Network of Services: Consequent to the identification of the ATOD risks/protective factors and intervention strategies for the African American Adolescent Female (AAAF) was the realization that multiple independent services were actually available to the adolescent. The major drawback of these educational, health care, social services, and recreational programs was the lack of integration and communication between the various efforts to insure easy access and availability to any target population.

As a result, Project Network, in concert with these other youth-serving community services, concentrated on developing a network which would utilize existing services and support to the adolescent and her family. Deliberations centered around hammering out a model of comprehensive prevention services incorporating a multifaceted approach necessary for optimum management. The key features of the model were:

- Maximum utilization of services for adolescents that currently existed within the community
- Emphasis on easy accessibility and availability of services to adolescents and their families
- Emphasis on a case management services which effectively utilized the provider network to address all identified needs of the individual adolescent

In this way, intervention strategies would be delivered through the combined efforts of many existing youth serving organizations and groups.

Project Overview: A full assessment of all the individual adolescent's needs was conducted by the case worker/manager to insure that all needs were addressed and dealt with in the context of a holistic approach. All adolescents were involved in peer group development, counseling, and education sessions, as well as individual counseling at the project site. The case worker conducted home visits to form a relationship with a parent or primary care giver. Wherever possible, the parent/caregiver's needs were assessed and services were provided directly or case-managed so that the primary care-giver could be a stronger, positive role model. Individual and family counseling and parent education classes were offered through this project to all primary care-givers

The staff also proposed offering services at one middle school and one high school within the neighborhood. In-school services included: peer group development; counseling and education sessions; recruitment/encouragement to come with the case worker to the project site for full services; home visits for connection with the primary

care-giver as role model; and work with school personnel or other agencies for needed services.

D. Hypotheses relating intervention activities to measured change

Counseling and Education

2-1a To gain statistically significantly higher scores on the *DaDa Sense of Self Survey* for female adolescents served by the project, compared to the pre-test, as a result of counseling and education activities.

2-1b To gain a statistically significantly higher score on the *DaDa Sense of Self Survey* for female adolescents served by the project compared to national norms on the instruments for African American females of the same age.

2-1c To gain positive indications on the impact of the project on self-esteem, the family, and educational potential through focus groups of students.

Academic Incentives

2-2a To gain a statistically significant improvement in the scores of participants in the project on aspirations to pursue further education or a career after completing high school as measured by the *DaDa Sense of Self Survey*, compared to the pre-test, as a result of providing academic incentives.

2-2b For female adolescents in the project to remain in school, reenter school, or enter an educational alternative to school at a rate that is statistically significantly higher than those in the national and local norms.

2-2c For female adolescents in the project to remain in school at a rate that is not statistically significantly lower than national averages for African American female adolescents.

2-2d For female adolescents in the project to gain higher grade point averages than the national and local norms.

Bonding and Support

2-3a For 38 percent or more of the adolescent females in the project to gain positive scores on the "caring and support from the family" factor of the *DaDa Sense of Self Survey*.

2-3b For female adolescents in the project to gain a statistically significant higher score on the resiliency scale of the *DaDa Sense of Self Survey* compared to the national or local norms.

Medical and Other Resources and ATOD Availability

2-4a For female adolescents in the project to gain a statistically significant higher score on *DaDa Sense of Self Survey* of ATOD availability, compared to the pre-test.

2-4 b For female adolescents in the project to gain a statistically significant higher score on *DaDa Sense of Self Survey* of service availability, compared to the pre-test.

Role Models and Expectations

2-5a To gain a statistically significant improvement in the scores of participants in the project on aspirations to pursue further education or a career after completing high school, as measured by the *DaDa Sense of Self Survey*, compared to national or local norms, as a result of activities of the project to promote positive role models and expectations.

2-5b To gain a statistically significant improvement in the scores of participants in the project on their normative expectations as measured through their ratings of use of ATOD by peers in the *NWREL Survey of Adolescent Health Behaviors,* compared to the national and local norms.

Outreach and Involvement

2-7a To gain a statistically significant improvement in the scores of participants in the project on their number of extra-curricular activities recorded on the *NWREL Survey of Adolescent Health Behaviors,* compared to the national and local norms, as a result of the outreach and involvement activities of the project.

2-7b To gain statistically significantly higher scores on the Self-Concept factor on *DaDa Sense of Self Survey* for female adolescents served by the project, compared to the pre-test, as a result of counseling and education activities.

2-7c To gain a statistically significantly higher score on the *DaDa Sense of Self Survey* for female adolescents served by the project compared to national norms on the instruments for African American females of the same age.

Life and Social Skills

2-8a To gain statistically significantly higher scores on the *Child Assessment Checklist* for female adolescents served by the project, compared to a pre-test, as a result of life and social skills training from the project.

2-8b To gain a statistically significantly higher score on the *Child Assessment Checklist* for female adolescents served by the project compared to national norms on the instrument for African American females of the same age.

II. Implementation

Dosage of intervention received

The effects of the various program components were assessed, particularly in reference to the counseling interventions and peer counseling. The participant had to earn the opportunity to become a peer counselor, and outcomes before and after that milestone were differentiated. A participant progress chart was developed to document each participant's success in all the activities that comprise the treatment and therefore formed the basis for quantifying the relative weight of each in overall project success. It also provided a basis for awarding such incentives as becoming a peer counselor. Judith Trindall's work entitled *Peer Counseling: An In-Depth Look At Training Peer Helpers* was used as reference in training peer counselors.

Three contact log forms were used to document the contact hours with the participants. The amount of time spent on the eight curriculum modules: 1) personal hygiene and health education; 2) nutrition and health; 3) interpersonal relationship; 4) ethnic and cultural enhancement; 5) community living; 6) acquiring career job skills and educational enhancement; 7) spirituality; and 8) recreational activities, were recorded. Other services such as individual therapy, group therapy, family therapy, screening/assessment, consultation, skill training group, skill training individual, medication management, psychiatric time, tutoring, case management, case conference, data collection, crisis services, and transportation, were also documented.

The staff projected that each individual needed one-and-a-half to two hours of peer group work twice a week, one hour of individual counseling, one hour of work with family, and one hour of case management services per week. These services were provided for one year. If the case worker determined that the individual needed more or less intensive services, the amount of time was adjusted.

III. Methodology

A. Research Design

1. Sampling design/approach

The population targeted for treatment services was African American adolescent females between the ages of 12-18 residing in the North/Northeast quadrant of urban Multnomah County (the county includes the cities of Portland and Gresham), Oregon. Project Network , located within the NNE quadrant adjacent to Emanuel Hospital campus at 2801 N. Gantenbein Avenue, was ideally situated within the geographic area of the target population.

The program provided services at three sites within the geographic area of the target population. Two of the sites were schools — a middle school and a high school. These schools were selected because of their location in a high-risk neighborhood, and for easy access to African American adolescent females failing academically and on the brink of

disconnecting from school. The schools from which participants were drawn had large numbers of African American students. There were 92 African American adolescent females between the ages of 12 to 14 at Ockley Green Middle School. Jefferson High School currently had 132 African American adolescent females enrolled between the ages of 15 to 18. The drop out rates for African American adolescent females attending Jefferson High School were 11.6 percent for 1991-92 (4.2% aged 16; 3.9% aged 17; and 3.5% aged 18); and 9.1 percent for 1992-93 (3.1% aged 16; 3.0% aged 17;3.0% aged 18).

The third site was a drop-in center. Additional services were provided to the school-based group, for services to those female adolescents not currently in school, and for female adolescents still in school either self-referred or referred by an agency, e.g. Juvenile Justice, Children's Services Division, Emanuel Hospital's Child Abuse Response and Evaluation Services (CARES), etc. The drop-in center was a rehabilitated house in the target population neighborhood, and provided a non-threatening, culturally appropriate environment for individual and group counseling and education.

2. Research design

The evaluation design for the Adolescent Females project incorporated several nationally normed and standardized tools to assess statistically significant gains provided by the project. The *NWREL Survey of Adolescent Health Behaviors*, normed on 15,000 adolescents in the northwest, is an expansion of the nationally normed *Monitoring the Future Survey*. The *Monitoring the Future Survey* does not contain sufficiently broad health issues for the purposes of this study. The *Oregon Public School Drug Use Survey* results are used for norms for African American adolescent females in the Portland area regarding ATOD use. This survey also is based on the *Monitoring the Future Survey*.

The *Child Assessment Checklist* and the *Dada Sense of Self Survey* were used to assess self-esteem and social skills. In addition to the standardized tools to assess the impact of the project, interviews, and focus groups were also used to gather information. The qualitative assessment techniques provided both quantitative and qualitative information on achievement of objectives. The techniques also revealed other unanticipated impacts of the project and were an essential component of a pioneering project.

3. How the sample was selected

The target population, from the community and school sites described above, included adolescent African American females that: were involved with juvenile justice system; were from families with active drug use or history of drug abuse; were from families with criminal history; had a history of being at-risk for physical or sexual abuse; had unfavorable attitudes toward school and education; and who had a history of multiple foster care placement. The project offered comprehensive prevention services both in school and out of school.

All participants were identified by school personnel, principals and counselors, as having leadership qualities, and showing risk factors such as disciplinary action at school, frequent absences, or skirmishes with law enforcement. They were not necessarily substance abusers, although many used alcohol or other drugs. Substance abuse was not a specific criterion for exclusion or inclusion. As participants, these female adolescents would benefit most from Project DaDa Kidogo which offered new peer group development with counseling, skill-building, didactic information, conflict resolution and decision-making practice, as well as individual counseling.

Actual participant recruitment within the school sites was accomplished by the Program Coordinator's active involvement in the schools. Several introductory talks were given at the schools followed by individual meetings with girls who were "chosen" and indicated an interest in participating. The school teachers and counselors provided the project coordinator a list of potential clients. The project staff selected the clients based on a screening form based on their risk and protective factors. An orientation session for contractors and participants was planned so that all contractors could present their program to participants and school personnel at the same time. In this way, they learned from others how all the pieces of the program would fit together. The orientation was important to the initial recruitment/retention effort. The proposed sample size was set at 40 (with a 75 percent retention rate). and the actual sample size for this year was 38.

In-school participants

The middle school students were more interested in the program than the high school students. Clearly, more effort was necessary to reach and maintain the high school population. This was accomplished by more individual, face-to-face contact with the potential participants at the high school. It was further assisted by having a key person at the high school delegated as the project's contact person. Having someone who could facilitate the logistics of connecting with the teens during the school day, in and of itself, was determined to be extremely helpful.

Critical to the project's intervention strategy was the integration of self-esteem building alternatives in the adolescents' life style. Specifically, the project recruited contractors to provide make-over workshops, dance, video production, and spirituality workshops. Contractors also conducted workshops on non-traditional careers, as well as female sexuality and abuse. Individual meetings were held with each potential contractor to ensure an understanding of the project and the need for a long-term (five-year) commitment, and details of the arrangements were negotiated.

Out-of-school participants (NIA)

The main challenge for the program was the out-of-school clients recruitment process. The possibility of pregnancy occurring to members of this group presented a special concern. This population was very sexually active; getting these clients to use condoms or other types of protection was considered a success. The staff reconsidered the policy of exclusion of pregnant clients and decided that pregnant teenagers would be retained in the program.

Also, frequent moves and multiple dwelling practices by this population made obtaining consent to treatment a nightmare. The staff considered having a party just to have as many participants as possible in one place at one time to enable them to obtain these signatures of consent. Ironically, it was easier to obtain consent from the adjudicated/ probationary population than from those off probation, or in between jail terms. It was clear that this second population (off-probation, etc.) would need a great deal of case coordination since they were involved with multiple agencies due to their multifaceted problems.

4. Properties and characteristics of operationalized dependent measures

Table 3 shows the properties and characteristics of the operationalized dependent measures.

Table 3.
Project DaDa Kidogo
Instruments and Outcomes

INSTRUMENT	DOMAIN	OUTCOME
A. DaDa Kidogo Sense of Self Survey		
• Cultural Identity Factor	Peer/Individual-Aspect of self	Improved Sense of Self and Pro-Social Behavior
• Family Caring/Support Factor	Family	Increased Family Communication and Family Bonding of the Families
• Aspiration Factor	Individual-Aspect of education	Improved Academic and Career Aspirations
• Leadership and Initiative Factor	Peer/Individual-Aspect of education	Improved Leadership Qualities
• Identification vs. Alienation Factor	Peer/Individual-Aspect of self	Improved Leadership Qualities
B. Child Assessment Checklist		
• Child version	Individual-Aspect of self	Improved Social Skills and Life Skills

C. NWREL Survey of Adolescent Health Behaviors • Accessibility to Services Factor	Peer/Individual-Aspect of self	Improved Accessibility and Use of Community Support Services
• Attitudes towards ATOD Use	Peer/Individual-Aspect of self	Increased Knowledge of the Risks of ATOD Use
• ATOD Use	Peer/Individual-Aspect of self	Reduction in ATOD Use
D. Adolescent Social Adjustment Scale • Stressors of participants	Individual-Aspect of self	Reduction in stress

B. Methods/Procedures

The outcome instruments which were selected were:

- *Northwest Regional Educational Laboratory Survey of Adolescent Health Behaviors*
- *DaDa Sense of Self Survey*
- *Child Assessment Checklist*

The *Survey of Adolescent Health Behaviors* (AHB), described previously, provided evaluators with data on changes in normative expectations and health practices and awareness. The survey had high concurrent validity with the *Monitoring the Future Survey*, one of the most broadly used surveys in the field of ATOD. As well, it allowed normative comparisons based on the *Oregon Public School Drug Use Survey* and *Monitoring the Future* data. This information was used with Project DaDa Kidogo, especially concerning differences between African American adolescent females and other groups.

The *Child Assessment Checklist* provided data on attitudinal or emotional problem areas such as: withdrawal, somatic complaints, anxiety/depression, social problems, thoughts, attention problems, delinquent behavior, and aggressive behavior. The *Child Assessment Checklists* was used to gather perceptions of each child in her own eyes. These perceptions were based on responses to 40 possible descriptive statements

of the child's behavior and attitudes. The respondents recorded whether each statement described the herself on a continuum of "almost never" to "almost always." To allow quantification, "almost never" was assigned a value of "1" and "almost always" a value of "6". Twenty-five of the statements described clearly negative behaviors or attitudes. Twelve of the statements appeared positive, and three neutral.

Part of the *DaDa Sense of Self Survey* is adapted from the *Black Racial Identity Attitude Scale (RIAS-B)* (Helms & Parham, 1991). It was selected in lieu of the proposed self-concept scales because it was specific to African American culture and represented those aspects of self-concept and pride the DaDa Kidogo activities intended to address. Moreover, the survey also measured aspirations, leadership and initiative, and identification vs. alienation. These factors were adopted from the *Dimensions of Self Concept (DOSC) Survey*. The factor of family support was also measured by the survey. The information provided to case managers regarding the standing of the participants on measures of each of these dimension were used in planning activities that enhanced the self-concept and cultural sense-of-self of the participants.

Each of these instruments was administered to each participant upon entry into the program and then annually thereafter, plus a one-year post-participation follow-up to gauge lasting effects. Each participant's data was coded to preserve anonymity while allowing analysis of individual and group data.

The control group design was replaced with a norm-referenced design. In this design, local, state, and national averages for similar youth were utilized as a basis of comparison. Similar variables were used with a control group, such as dropout rate and rate of teen pregnancy, as the basis of comparison. The decision to utilize a norm-referenced design rather than a control group was based upon ethical, political, pragmatic, and technical factors.

The project also developed the *DaDa Kidogo Project Bi-monthly Survey* which participants filled out every other month. The survey asked questions regarding the participant's experiences on leisure activities, family support, stressors, counseling needs, opposite sex relations, legal problems, alcohol and other drug use, academic status, cultural identity, and program evaluation. It also included three open-ended questions on how the participants felt about the program. The survey helped participants maintain focus on those attitudes and behaviors which the project was helping them to consciously modify. It therefore provided an opportunity for self-reflection and self-direction as well as an additional data set to show change as a result of participation in the project. The results of the survey were charted bi-monthly in order to document the progress of the participants.

The process evaluation documents and describes how the Project DaDa Kidogo is implemented and operated, and identifies the factors that lead to effective planning and implementation of the prevention strategies. Particular attention was given to the arenas

in which the project staff have shown strength, such as dealing with African American females, gaining the active participation of the community, and gaining the active involvement of the family in the prevention process.

The process evaluation information was portrayed in narrative form included results from focus groups with participants and case managers. Focus groups were conducted with participants, staff, and parents every six months. A community phone survey was conducted semi-annually.

In addition to the narrative, the development and progress of the project was portrayed with a PERT Chart (similar to a flow chart) and a Ghantt Chart. Progress was monitored against plans so that adjustments could be made on a semi-annual basis. The charting assisted staff to identify "bottlenecks" in the implementation of the program and helped provide a map for others who might attempt to implement similar programs.

Tennessee Self-Concept Survey

a) *Reliability*
The author reported a reliability study done in a large metropolitan school district. For each of the three samples of examinees in grades 4 to 6, in grades 7 to 9, and in grades 10 to 12, the ranges in reliability estimates varied between .70 and .84, between .84 and .90, and between .79 and .89. It is clearly evident that the degree of reliability is roughly proportional to the size of the standard deviation of the scores on a given factor scale. For factors scales each consisting of 14 items, these reliability estimates would be judged to be, for the most part, highly satisfactory.

B *Validity*
The highest predictive validity coefficients for the DOSC scales administered in April 1980 with respect to overall grade point average or average grade earned in English or Mathematics over four semesters (Fall 1980, Spring 1981, Fall 1981, and Spring 1982) were those for Factor A (Level of Aspiration) followed by roughly equivalent (but lower) sets of values associated with Factor Scales C (Academic Interest and Satisfaction), D (Leadership and Initiative), and E (Identification vs. Alienation). All predictive validity coefficients corresponding to these four scales were statistically significant beyond the .05 level. Factor (Anxiety) failed to elicit any statistically reliable validity indices.

Evidence for construct validity of the DOSC is based on the use of factor analytic techniques of intercorrelations of items (Fernandes, et al., 1978), of intercorrelations of the DOSC scales along with other affective scales (Michael, Vladovic, Lehn, & Cooper, 1980) and cognitive measures and of intercorrelations of sets of subscales from the five DOSC scales (Michael, Kim, & Michael, 1984). These studies revealed the presence of empirical factors corresponding to the a prior dimensions underlying the construction of the DOSC scales. The results suggested that the survey does indeed show empirical evidence of the presence of five distinct and relatively independent dimensions.

Racial Identity Attitude Scale

a) *Reliability*

Cronbach's alpha has been used to calculate reliability estimates for the subscales. Obtained reliabilities for the short form subscales have been reported as follows: Pre-encounter =0.69; Encounter=0.50; Immersion/Emersion=0.67; Internalization=0.79. In general, the obtained reliabilities are moderate and compare favorably with those obtained for non-culture specific personality measures (Anastasi, 1982).

b) *Validity*

Two other studies provided direct evidence about the validity of the survey. The first, which assesses the construct validity of the scale was a factor analytic study conduced by Helms and Parham (in press). In several separate analyses, they found that four orthogonal factors essentially explained the items, and these factors seemed to reflect the four types of racial identity attitudes.

The second validity study examined the relationship between the original survey and the Milliones (1980) DIBC, also a measure of racial identity development. In this study, Grace (1984) found that the parallel scales on the two measure were appropriately correlated with respect to direction. Thus, evidence does exist to suggest that it predicts racial identity constructs in a manner consistent with racial identity development theory.

IV. Results

A. Analysis of initial comparability of treatment and comparison groups

The survey results of the DaDa participants were compared with those of the *Monitoring the Future* study. The *Monitoring the Future* study was conducted by the Institute for Social Research at the University of Michigan (Johnston, O'Malley, & Bachman, 1993) with funding from the National Institute on Drug Abuse. This major study began in 1975 to monitor attitudes and behaviors of our nation's seniors. A survey with many questions on alcohol and other drug use is administered each spring to a national sample of about 16,000 seniors, and results are now available for the class of 1975 through the class of 1993. Beginning in 1991, similar surveys of nationally representative samples of eighth- and tenth graders have been conducted annually. In 1993, the tenth grade sample was comprised of 15,500 students in 128 schools, while the eighth grade sample contained 18,800 students in 159 schools. Data collection takes place in public and private junior and senior high schools selected to provide an accurate cross section of students throughout the United States, except in Alaska and Hawaii. The data from the NW region was used in the evaluation report.

Data was analyzed using SPSS for Windows, version 6.0, with a microcomputer installed with 8 Megabytes of memory and an Intel 486-25 CPU chip. T-tests were used to compare the results of the program group with the control group. The outcome

evaluation also included descriptive data from the two groups to confirm the comparability of the groups along demographic variables, such as age and ethnicity.

B. Statistical/analytic results for all key dependent measures

Process Evaluation

1. Contact Logs

A contact log form was used to document the contact hours with the participants. The amounts of time spent on the eight curriculum modules were: 1) personal hygiene and health education (57 hours); 2) nutrition and health (100.25 hours); 3) interpersonal relationship (204.25 hours); 4) ethnic and cultural enhancement (366 hours); 5) community living (110.5 hours); 6) acquiring career job skills and educational enhancement (188.5 hours); 7) spirituality (442.5 hours); and 8) recreational activities (519.25 hours). Other services such as individual therapy, group therapy, family therapy, screening/assessment, consultation, skill training group, skill training individual, medication management, psychiatric time, tutoring, case management, case conference, data collection, crisis services, and transportation, were also documented). During this reporting period, most time was spent on recreation activities (519.25 hours), ethnic and cultural enhancement (366 hours), outreach (290.6 hours), interpersonal relationship (204.25 hours), case management (148.87 hours), community living (110.5 hours), and nutrition and health (100.25 hours) (See Figures 1 & 2).

2. Student Focus Groups

a. High School Participant Focus Group

Highlights

- Most participants said that they had increased their self-esteem and self-confidence after joining the program. They learned how to take care of their hygiene and how to deal with relationships with men. The staff provided strategies in dealing with their feelings, emotions, and fear, and many had made an effort to correct their attitude problems.

- The participants were grateful to have the staff to talk to when they were in trouble and the staff were very responsive to their needs. As one participant pointed out - when she called with a problem, a staff member called her back within 10 minutes.

- Most participants seemed to have high aspirations toward their future. They all wanted to further their education and be employed and felt that the staff could help them in making plans to go to college and do job shadowing. They also wanted the staff to come in to talk to them regarding career development and to help them explore more internship and job opportunities. Participants indicated that more

tutoring would also be welcome. They were satisfied with the tutoring program because it gave them a chance to get extra help apart from their teachers.

- The participants enjoyed learning about their African American heritage, but they also expressed their wish to learn more about other cultures. The understanding of their own culture has made them feel proud about themselves and increased their self-esteem. The girls thought that it was very important for African Americans to cooperate with each other in learning about their culture. They felt that the program had provided many opportunities for cultural enhancement. Some of the Da Da Kidogo activities were really eye-opening for the girls. And if the girls had not participated in this program, they would never have had the opportunity to take part in those special activities. For example, the participants went to see Nutcracker during the Christmas holiday. It was a first-time experience for many of them. The trip to Seattle for an Adolescent conference was also an enrichment experience for the participants.

- The program seems to have had a positive impact on the peer relationships among the participants. They said that they were more tolerant of other people and could better relate to other peers. The anger management, communication skills, and peer mediation workshops have been very helpful.

The following were suggestions for improvement:

- More educational trips
- More career field trips
- More outings and activities
- More input in planning
- A point system to get rewards

b. Middle School Participant Focus Group

Highlights from the focus group:

- The relationship of these girls with their peers has improved. The participants have gotten closer because of their participation in the program. The communication skills and anger management workshops were also very helpful. Participants learned communication skills through the program, particularly how to deal with different people in different situations.

- The relationship of the participants and their family members have also improved. The girls have learned how to respect other people, control their anger, and cope with conflicts.

- The participants were also impressed with the tutoring program. The program became a resource to the participants who were having academic problems. Participants found that the tutors from University of Portland were very helpful in

assisting them with their homework. The parents were also supportive of the tutoring program. The participants said their parents were satisfied with the overall program particularly because of this aspect.

- All participants recognized the importance of education to their future. The program helped the them think about the future, and all respondents expressed a desire to earn a college degree.

- Participants also learned about ATOD issues in the program. They were impressed with the session on "Smoking Susan." They got the message that pregnancy and smoking don't mix.

- The participants reported more interaction with their peers because of the program. However, they also recognized that it takes time to develop friendships. Since these girls also participated in other programs, they reported that they often felt tired going from one program to another.

- Participants thought there was a need for a program like DaDa if the program provided assistance with academics (tutoring) and discussed relevant issues. Some commented that the materials such as the ATOD issue should be taught in a "fun way."

Suggestions for improving the program:

- Have more trip field trips
- Offer more internship opportunities: SEI pays the participant to get a job!
- Revise the questions on the assessment forms which are too personal
- Include a mechanism that allows participant feedback and input
- Consider the need to start Saturday activities

c. NIA (out-of-school) Participants) Focus Group

Highlights from the focus group:

- Participants said that their self-esteem had increased. They were more motivated to learn and be involved in sports. Most participants exhibited high hopes for the future. The participants said that they thought more about their future after participating in the program. The participants enjoyed meeting other people in the program. This also helped them to increase their self-esteem.

- The staff talked about AOD issues with the participants and the participants realized that doing drugs was not good for their health. The staff also talked about the consequence of teen pregnancy. The staff was very supportive. The girls felt that the staff could relate to their personal issues and they had sought advice from the staff. Participants agreed that there was a need for a program like DaDa Kidogo.

- Family and individual counseling were very helpful for the participants and their parents. Family counseling gave the family a chance to work on their problems together. These families supported their girls' participation in the program.

- The participants thought that it was very important to stay in school. They agreed that people needed education to know what was right from wrong. They wanted to go to college if they had the opportunity. If not, they wanted, at least, to graduate from high school.

Suggestions for improving the program:

- Get more girls involved in the program
- Allow more input from the participants in planning field trips and retreats.
- Have more group discussion on STD, ATOD, relationships with opposite sex, peer relationships, family relationships, and anger management
- Offer more training on computers and the Internet

3. Staff Focus Group

The purpose of the focus group was to obtain the staff's insights on issues bearing on the evaluation. Questions were asked on the strengths, weaknesses, and suggestions for improvement of the program. Staff were invited to add to their previous responses and comment on changes that had subsequently occurred.

Highlights from the interviews:

- The staff perceived the program as having a positive impact on the girls. All staff talked about their experiences with the participants. They observed most participants had learned how to express themselves and appeared to be self-confident. The program helped the participants build social skills, and now they set high standards and expectations for themselves and others.

- The behavioral changes of the participants spoke for themselves. The change in classroom behavior was also dramatic. The participants changed from being trouble-makers to being attentive students in the class. One staff mentioned a participant who was hyperactive before admission to the program but changed into a nice, polite, and confident young lady after being in the program. Another staff told of a child who had been physically and sexually abused. The program helped the participant in building her self-esteem. She got help for math and right now she is on the honor roll. She is now more polite, self-confident, and shows positive academic improvement.

- The staff was in agreement that many of the project strengths rest in the ability of the staff to model non-judgmental and nurturing behavior to the DaDa Kidogo clients.

Overall, they feel that the project is providing a useful and helpful service for female adolescents in the community.

- The staff also was concerned with the future of the program. They wanted the program to be more clearly defined after the closing of the grant next year. To this end, they suggested having an external person conduct a staff focus group for program development.

4. Community Phone Survey

As a part of evaluation activities for Project DaDa Kidogo, members of the evaluation team conducted telephone interviews with personnel from community agencies involved in the project. The interviews provided an opportunity for these people to comment on the strengths, weaknesses, and accomplishments of the project in terms of the program's goals. Interviewees were asked to respond to questions regarding project operations and their roles in those operations. Interviewees were encouraged to comment on the areas of the project that they felt they knew most about.

Highlights from the community member phone interview:

- Most interviewees thought that the model of prevention was working. They wanted to see Project DaDa continued and expanded to include more clients and address more issues. Some respondents said that there was a need of a similar program for young African American men too. Some respondents said that the marketing component of the program should be stronger. More agencies would be willing to cooperate or do referrals when they knew more about the program.

- Degrees of involvement and knowledge of Project DaDa Kidogo varied greatly among interviewees; however, respondents were very positive about the project, especially regarding its contribution to the welfare of the community. Interviewees often noted the comprehensive quality of the program, its ability to collaborate with other service agencies, and its inclusion of the use of mentoring program; they noted that it represented diversity and cultural sensitivity.

- Respondents observed that Project DaDa Kidogo uses an integrated approach to treating patients with multiple problems and a holistic approach to dealing with teenage substance abuse. Mentoring, ATOD curriculum, and cultural enhancement are all part of the project package. They agreed that the community really needs this kind of program. Interagency collaboration is the key to the success of the program and the relevant community agencies should be willing to provide more support for the program.

5. Parent Focus Group

The parent focus group provided an opportunity for these parents to comment on the strengths, weaknesses and accomplishments of the project in terms of the program's goals. The parents were encouraged to comment on the areas of the project that they felt they knew most about. Overall, the parents responded positively to the program.

Highlights from the focus group:

- The parents said that the self-esteem of their children had increased after being admitted to the program. Their girls now know how to resist peer pressure and how to cope with life's difficulties. The workshop on communication skills, anger management, and interpersonal relationship was especially helpful to the girls.

- The parents also appreciated that the program had provided opportunities for the girls to participate in cultural enrichment activities, such as Black History Month and Kwanzaa. But they also pointed out that it was also very important to teach them about and to respect other cultures. There was a consensus among the parents that DaDa is providing culturally responsive services to the participants and most parents were satisfied with the services provided.

- The parents were very satisfied with the tutoring program. They were pleased that the program provided a resource for the girls in dealing with their homework.

- Some parents agreed that their children had made changes since their participation in the program. The girls had higher self-esteem and were more willing to talk to other people. The regular meetings, the overnight retreat, and a structured schedule have made a positive impact on the families and the girls. The girls looked forward to going to the meetings. The activities in the program kept them motivated. In general, the parents were just glad that their children were involved in the program.

6. Adolescent Social Adjustment Scale

The following is a listing of the major stresses that the participants disclosed during the assessment process, and accompanying statistics:

Table 4:
Major Stresses and Number of Participants Reporting Them

	NIA	Jefferson H.S.	Ockley
Total Girls	10	8	10
Girls identified with DSM IV diagnoses of depression or post traumatic stress	7	4-5	N/A
Girls who have been raped	3	1	1
Girls who have been sexually abused	5	N/A	1
Suicide ideation or attempt	1	2	1
Regular evidence of drug and alcohol abuse	2	4	N/A
Engaged in unprotected sex	4	5	3
Juvenile justice involvement	2	1	1
Father or brother incarcerated	8	1	5
Family gang ties	7	1	3
Family A&D treatment history	10	7	N/A
Father out of home	8	4	7
School honor roll	2	3	2
Failing grades	4	5	4
School drop-outs	1	1	N/A
Knows more than five friends who have been shot or killed	10	N/A	2
Lost family or friend due to suicide	N/A	N/A	0
Lost family member due to homicide or violence	10	N/A	1
Financial hardship	10	7	9

The Adolescent Social Adjustment Scale was administered during this reporting period. The purpose of this instrument was to measure the stress level of the participants. The participant fills out this form at the admission and exit of the program. In the first section of the scale, the participant responds to 56 indicators of the stresses that they are experiencing now or have experienced within the last six months. A total points of 50 to 100 shows a low-stress life; 101 to 200, a moderate-stress life; 201 to 300, a high-stress life; and over 301 indicates an extremely high-stress life. In the second part of the stress test, the participants respond to 20 statements about their activities, responding on a scale ranging from "almost always" (1) to "never" (5). The higher the total score, the higher the vulnerability to stress.

The results showed that the participants were leading lives of high-stress. The average total stress score was 316.3. The average total stress score for the NIA participants, middle school participants, and high school participants were 245.7, 288.8, and 417.8 respectively. The high school participants seemed to be the highest stress group. In the second stress test, the high school participants (53.6) had higher stress scores than the middle school participants (42.8). The total results suggest that high school is a high-stress stage for the participants and requires intensive attention.

B. Outcome Evaluation

The outcome instruments administered to the participants were:

- *Northwest Regional Educational Laboratory Survey of Adolescent Health Behaviors*
- *DaDa Sense of Self Survey*
- *Child Assessment Checklist*

1. NWREL Survey of Adolescent Health Behaviors

The *Survey of Adolescent Health Behaviors* provided data on changes in normative expectations and health practices and awareness. The survey included demographic information, such as gender and ethnic group.

Highlights from the NWREL Survey of Adolescent Health Behaviors (fourth year participants) post-test results were:

Lifetime Prevalence of Use

- Alcohol was still by far the substance of choice for the participants. About 40.9 percent indicated that they had already tried beer; 50 percent had tried wine coolers; 31.8 percent had tried wine; and 36.4 percent had tried hard liquor.
- About 40.9 percent of the participants had tried smoking tobacco.
- About 40.9 percent had tried marijuana.

Factors Related to Use

- Students generally perceived that their parents greatly disapproved of both alcohol and drug use, but were more tolerant of attendance at a party where alcohol was available.
- Most participants found it fairly easy to very easy to obtain marijuana (73.7 percent) and many found it easy to obtain cocaine (42.1 percent).

Experience with Drug Education

- About sixty percent of the students reported access to a counselor or other staff to discuss concerns about drug problems. Far fewer were aware of school support groups (35 percent) or Peer Assistants (25 percent).

- The family (45 percent) and school (40 percent) were the most important sources of information about the dangers of alcohol and other drugs.

- About 57.9 percent said that D.A.R.E. was doing the best job of preventing or helping stop alcohol and other drug use. However, about 21.1 percent said that nothing was really helping prevent or stop alcohol and other drug use in school.

Safety

- In the past 30 days, about 15 percent of the participants carried a weapon, such as a gun, knife or club, for self-protection or because they thought they might need it in a fight.

- About 25 percent of the participants were involved in a physical fight.

- About 22.2 percent said that they had carried a weapon to school. About 16.7 percent said that they had carried a knife or a razor as weapons.

Comparisons of fourth year DaDa participants' results to national norm (*Monitoring the Future* Study 1997)

In this section, the survey results of the fourth year DaDa participants are compared with those of the *Monitoring the Future* study. The *Monitoring the Future* study is conducted by the Institute for Social Research at the University of Michigan (Johnston, O'Malley, & Bachman, 1997) with funding from the National Institute on Drug Abuse. This major study began in 1975 to monitor attitudes and behaviors of our nation's seniors. A survey with many questions on alcohol and other drug use is administered each spring to a national sample of about 16,000 seniors, and results are now available for the class of 1975 through the class of 1997. Beginning in 1991, similar surveys of nationally representative samples of eighth- and tenth graders have been conducted annually. Data collection takes place in public and private junior and senior high schools selected to provide an accurate cross section of students throughout the United States, except in Alaska and Hawaii.

a. Middle school Dada participants compared to 8th graders in *Monitoring the Future* Survey 1997

Highlights:

- Compared to a national sample, fewer DaDa participants reported having used alcohol, cocaine, steroids, smoking cigarettes, smokeless cigarettes, and hallucinogens (see Table 5).

- Compared to a national sample, more DaDa participants reported having used marijuana and inhalants at least once in their lifetime.

- Compared to a national sample, no DaDa participants reported using inhalants, hallucinogens, cocaine, steroids, alcohol, and smokeless tobacco in the last 30 days.

- When compared with a national sample, fewer DaDa participants saw great risk in smoking one or more packs of cigarettes per day (38.5 percent for DaDa vs. 52.4 percent for national sample), smoking marijuana occasionally (30.8 percent for DaDa vs. 43.1 percent for national sample), or in binge drinking (38.5 percent for DaDa vs. 55.6 for national sample) (Figure 3).

- DaDa participants noted great risk (46.2 percent for DaDa vs.45.0 percent for national sample) in occasional cocaine use, and in having one or two drinks nearly every day (38.5 percent for DaDa vs. 29.1 percent for national sample).

Table 5. Prevalence of Various Drugs (Middle School Participants)

A Comparison of Dada Participants and *Monitoring the Future* Survey 8th Grade(1996) Participants

Substance	Lifetime	30-Day
MARIJUANA		
DaDa	38.5%	7.7%
MFS*	22.6%	23.7%
INHALANTS		
DaDa	23.1%	0.0%
MFS	21.0%	5.6%
HALLUCINOGENS		
DaDa	0.0%	0.0%
MFS	5.4%	1.8%
COCAINE		
DaDa	0.0%	0.0%
MFS	4.4%	1.1%
STEROIDS		
DaDa	0.0%	0.0%
MFS	1.8%	0.5%
ALCOHOL (BEER)		
DaDa	38.5%	0.0%
MFS	53.8%	24.5%
SMOKING CIGARETTES		
DaDa	38.5%	7.7%
MFS	47.3%	19.4%
SMOKELESS TOBACCO		
DaDa	0.0%	0.0%
MFS	16.8%	5.5%

*Monitoring the Future Survey (1997) Participants

b. High school Dada participants compared to 10th graders in *Monitoring the Future* Survey 1997

Highlights:

- Compared to a national sample, fewer DaDa participants reported having used alcohol, inhalants, hallucinogens, cocaine, steroids, and smokeless tobacco at least once in their lifetime (see Table 6).

- Compared to a national sample, more DaDa participants reported having used marijuana and smoking cigarettes at least once in their lifetime.

- Compared to a national sample, no DaDa participants reported using inhalants, hallucinogens, cocaine, steroids, marijuana, and smokeless tobacco in the last 30 days.

- Compared to a national sample, fewer DaDa participants reported having used smoking cigarettes and alcohol in the past 30 days.

- When compared with a national sample, fewer DaDa participants saw great risk in smoking one or more packs of cigarettes per day (50.0 percent for DaDa vs. 59.9 percent for national sample) (Figure 4).

- DaDa participants noted great risk (75.0 percent for DaDa vs. 52.2 percent for national sample) in occasional cocaine use, having one or 2 drinks nearly everyday (75.0 percent for DaDa vs. 31.8 for national sample), in binge drinking (75.0% percent for DaDa vs. 51.8 for national sample), and smoking marijuana occasionally (75.0 percent for DaDa vs. 31.9 for national sample).

Table 6. Prevalence of Various Drugs (High School Participants)

A Comparison of Dada Participants and *Monitoring the Future* Survey 10th Grade (1997) Participants

Substance	Lifetime	30-Day
MARIJUANA		
DaDa	75.0%	0.0%
MFS*	42.3%	20.5%
INHALANTS		
DaDa	0.0%	0.0%
MFS	18.3%	3.0%
HALLUCINOGENS		
DaDa	0.0%	0.0%
MFS	10.5%	3.3%
COCAINE		
DaDa	0.0%	0.0%
MFS	7.1%	2.0%
STEROIDS		
DaDa	0.0%	0.0%
MFS	2.0%	0.7%
ALCOHOL (BEER)		
DaDa	50.0%	25.0%
MFS	72.0%	40.1%
SMOKING CIGARETTES		
DaDa	75.0%	25.0%
MFS	62.2%	29.8%
SMOKELESS TOBACCO		
DaDa	0.0%	0.0%
MFS	26.3%	8.9%

*Monitoring the Future Survey (1997) Participants

c. NIA (out-of-school) Dada participants compared to 10th graders in *Monitoring the Future* Survey 1997

Highlights:

- Compared to a national sample, fewer DaDa participants reported having used marijuana, alcohol, and smoking cigarettes at least once in their lifetime (see Table 7).

- Compared to a national sample, no DaDa participants reported having used inhalants, hallucinogens, cocaine, steroids, and smokeless tobacco at least once in their lifetime.

- Compared to a national sample, no DaDa participants reported using marijuana, inhalants, hallucinogens, cocaine, steroids, alcohol, smoking cigarettes, and smokeless tobacco in the last 30 days

- When compared with a national sample, fewer DaDa participants saw great risk in smoking one or more packs of cigarettes per day (40 percent for DaDa vs. 59.9 percent for national sample), smoking marijuana occasionally (20 percent for DaDa vs. 31.9 percent for national sample), and in binge drinking (20 percent for DaDa vs. 31.8 percent for national sample) (Figure 5).

- When compared with a national sample, more DaDa participants saw great risk in trying cocaine once or twice (60.0 percent for DaDa vs. 52.2 percent for national sample) and having one or two drinks nearly every day (60 percent for DaDa vs. 31.8 percent for national sample.)

Table 7. Prevalence of Various Drugs (NIA Participants)

A Comparison of Dada Participants and *Monitoring the Future* Survey 10th Grade(1997) Participants

Substance	Lifetime	30-Day
MARIJUANA		
DaDa	20.0%	0.0%
MFS*	42.3%	20.5%
INHALANTS		
DaDa	0.0%	0.0%
MFS	18.3%	3.0%
HALLUCINOGENS		
DaDa	0.0%	0.0%
MFS	10.5%	3.3%
COCAINE		
DaDa	0.0%	0.0%
MFS	7.1%	2.0%
STEROIDS		
DaDa	0.0%	0.0%
MFS	2.0%	0.7%
ALCOHOL (BEER)		
DaDa	40.0%	0.0%
MFS	72.0%	40.1%
SMOKING CIGARETTES		
DaDa	20.0%	0.0%
MFS	60.0%	29.8%
SMOKELESS TOBACCO		
DaDa	0.0%	0.0%
MFS	26.3%	8.9%

*Monitoring the Future Survey (1997) Participants

2. DaDa Sense of Self Survey

The *DaDa Sense of Self Survey* was administrated to the participants and the information was provided to case managers to help plan activities that would enhance the self-concept and cultural sense-of-self of the participants.

The highlights of the *DaDa Sense of Self Survey* were as follows:

Cultural Identity

- About 82.9 percent indicated that they believe being Black is a positive experience.
- About 32.4 percent stated that they feel unable to involve themselves in White experiences, and are increasing their involvement in Black experiences.
- About 34.7 percent felt comfortable wherever they are.
- About 58.5 percent indicated they feel good about being Black, but do not limit themselves to Black activities.
- About 73.9 percent of the participants said that they feel excitement and joy in Black surroundings.
- Most participants (81.8 percent) said that people regardless of their race, have strengths and limitations.

Aspirations

- Most participants have moderate to high aspirations towards education and career. About 52.2 percent indicated that they can do the very best they can in the school; about 59.1 percent said that they try to do their best in school so that they will be prepared to go to college or get a job. Most participants (81.9 percent) said that they want to attend college.

Leadership and Initiative

- The participants showed less confidence in leadership and initiative. Only about 14.7 percent said that they were the first one in class to know the answer to a question. About 26.1 percent indicated they were pleased when a teacher called on them in class.
- About 53.8 percent said that they liked school jobs when they were the leader, and about 13.0 percent served as leaders in many group projects and group activities.
- About 17.3 percent enjoyed giving talks or speeches in front of a class or other groups.

Identification vs. Alienation

- About 37.7 percent indicated that they felt that they belonged to and were a part of what was happening in class.
- About 40.9 stated that the teachers listened to their ideas.
- About 30.4 percent said that the teachers appreciated their efforts or class contributions.

Family Support

- About 56.5 percent said there was a lot of love in the family.
- About 47.8 percent of the participants indicated that very often they get along well with their parents.
- Most participants (78.2 percent) indicated that their parents would be very upset or extremely upset if they came home from a party and their parents found out they had been drinking; about 69.6 percent indicated their parents ask them where they are going and with whom they will be most of the time or all of the time.

Pre- and post test analyses of the fourth year participants

There are five factors in the DaDa Sense of Self Survey. The factors are: cultural identity, aspiration, leadership and initiative, identification vs. alienation, and family caring. An independent t-test and a paired t-tests were conducted to examine the differences of these five factors before and after services had been provided (Tables 8 & 9). The "family caring" factor was significant at the .05 level for both independent and paired-t-tests. There seems to be a positive effect of the program on the participants. However, more subjects are needed in order to make a conclusive statement.

Table 8. Independent t-tests Results

Factors	t-ratio
1. Cultural identity	.46
2. Aspiration	.63
3. Leadership and initiative	.75
4. Identification vs. alienation	1.00
5. Family caring	2.02*

* significant at $p<0.05$ level

Table 9. Dependent t-tests Results

Factors	t-ratio
1. Cultural identity	.63
2. Aspiration	.25
3. Leadership and initiative	.86
4. Identification vs. alienation	.07
5. Family caring	2.2*

* significant at $p<0.05$ level

3. Child Assessment Checklist

The *Child Assessment Checklist* provides data on attitudinal or emotional problem areas such as: withdrawal, somatic complaints, anxiety/depression, social problems, thoughts, attention problems, delinquent behavior, and aggressive behavior. The *Child Assessment Checklist* was used to gather self perceptions of each participant in her own eyes.

Baseline data were collected. The *Child Assessment Checklist* was used to gather perceptions of each girl in her own eyes. These perceptions were based on responses to 40 possible descriptive statements of the girl's behavior and attitudes. The respondents judged whether each statement described herself on a continuum of "almost never" to "almost always." To allow quantification, "almost never" was assigned a value of 1 and "almost always" a value of 6. Twenty-five of the statements described clearly negative behaviors or attitudes, twelve of the statements appeared positive, and three were neutral.

DaDa Kidogo participants gave positive ratings (means above 4.0) on "Gets along with brothers and sisters", "Gets along with other kids", "I like kids that are different than me", "I understand how other people feel", "I help other people", "I feel good about myself", "I am able to do things as well as most other people", "I think that it is important for me to finish school", "I have high hopes for future", "I have a positive attitude towards school and my school work", "I do my best to complete all my classwork", and "I discuss my school work and any problems I have with my parents" (Table 10). The lowest ratings for negative traits were "I act too young for my age", "I do poor school work", "Get in fights", "I miss a lot of school", and "I mistreat or disrespect other people's property" (Table 11).

Table 10. Highest ratings for positive traits

ITEMS	Child
I obey my parents	X
I obey my teachers	X
Gets along with brothers and sisters	X
Gets along with other kids	X
I like kids that are different than me	X
I understand how other people feel	X
I help other people	X
I feel good about myself	X
I am able to do things as well as most other people	X
I think that it is important for me to finish school	X
I have high hopes for future	X
I have a positive attitude towards school and my school work	X
I accept responsibility for all actions	X
I do my best to complete all my classwork	X
I discuss my school work and any problems I have with my parents	X
Like working alone	
Positive role model for other children	

X = with means 4.0 or above

Table 11. Lowest ratings for negative traits

	Child
I act too young for my age	X
I do poor school work	X
I take other people's things	X
Get in fights	X
I have trouble in reading	X
I miss a lot of school	X
Refuses to talk	
Shy or timid	
Always feels sad	
Interrupts or intrudes on others	
I mistreat or disrespect other people's property	X

X = with means 2.0 or below

Anecdotal Success Stories

Data tallying the number of contacts with families, reasons for those contacts, subsequent agency referrals, etc. are helpful in summarizing the magnitude of the work with families in Project DaDa Kidogo. Lost in those statistics, however, are the complex interrelationships of people and issues being dealt with in the DaDa community. Three brief scenarios of DaDa participants, prepared by project counselors, are presented here to help fill this void. Clearly, these three do not represent the entire spectrum of the participants' needs and goals, but in the stories of these few people, one can see the interplay of marital problems, substance abuse in the home and neighborhood, learning difficulties, employment needs, counseling assistance, speech and hearing remediation, and career training. All the names mentioned in these stories have been to change to preserve confidentiality.

SHATOYA BURNS
Age 15 High School Freshman

Shatoya Burns is a 15 year old Africa American female who is a second year DaDa Kidogo member. Due to Shatoya's family's history of alcohol and drug abuse, she was referred to the DaDa Kidogo program for early prevention and intervention education. During this time, Shatoya has demonstrated positive peer leadership and excellent academic skills.

Shatoya was a recent recipient of a Pinnacle scholarship offered by the Pacific Crest Outward Bound existential learning wilderness program. The Pinnacle Scholarship was designed to provided to youth currently involved in community-based organizations, help to develop positive leadership skills. This experience gives youth the opportunity to experience the great outdoors and to push themselves to new limits. Students are taught the skills of self-reliance and concern for others and the environment.

An Outward Bound course can be two, three, or four weeks long. Shatoya completed a twenty-one day course. A copy of Shatoya's essay about her experience continues below.

ShaToya Burns
Outward Bound Pacific School

Hi, my name is ShaToya Burns. I am a resident in Portland, Oregon, where I attend Benson Polytechnic High School as a freshman. I am 15 years old and I like to read, write, dance, sing, and spend as much time as possible with friends and family. I also like to try new things and meet new people.

I attended Outward Bound's Mountain Climbing trip. My trip was labeled PVS-765, and last(ed) for 21 days. Believe me that was the longest twenty-one days

in my life that I had ever came across. For those twenty-one days our diet only consisted of Bikies, canned fish or chicken, cheese, noodles, and just add water sauces and drinks.

In the beginning, I struggled physically because my pack was so heavy and I was little. Few of my acquaintances took my group gear so I would be able to finish the course. After the first week I begin to carry some of my own group gear and before the course was over I was carrying it all.

There was a lot of times during this period when I just wanted to quit and go home. Its not easy to adjust to sleeping in cold, wet, and rocky sleeping bags when you are used to warm and cozy beds. With the support of my group and myself being raised not to quit, I kept going and finished the course strong. Through this I gained trust in myself. I now know that if I put my mind to something I want to do, I can do it. I also learned to listen to others point of views before I comment. I am grateful that I had the chance to do this and that I have the chance to share my experience with you. Thank you.

NA'SHOMA GILBERT
Age 17 High School Senior

Na'Shoma's story may at first not appear to be our traditional success story. When I first met Na'Shoma at intake she had slightly indicated her involvement in an emotionally and verbally abusive relationship with an older male. She has lived with her grandmother, aunts, and uncle and their children. She does not have a close relationship with her biological father and her mother lives in a group home for adults who suffer from mental disorder.

Through involvement in DaDa Kidogo, Na'Shoma has been enrolled with the Oregon Health Plan is receiving services for her own depressive disorder. She is no longer dating this older male. She has been linked to volunteer work to complete school credit for graduation. Na'Shoma is most excited about her developing definition of faith; she has just become an active member of Portland's largest and one of the oldest African American churches.

QUATESHA
Age 13 Middle School

Tesha is a 13 year old girl who attended Beaumont Middle School. She currently resides with her father; her mother is a substance abuser. Quatesha quite often would catch me in the halls of her school while I was visiting other youth, to share her frustrations with peers at school. She would always begin to explain her side and inevitably start crying after blurting out the story in thirty seconds or less. Quatesha attended groups with the best attendance; through our individuals and a sense of having a female, African American adult share her excitement, frustrations, joy, and pain, she began to open up and share the years of her witnessing domestic violence in her home and ongoing emotional abuse. Quatesha stopped coming after a year. When she returned voluntarily,

she was a freshman in high school. She began to periodically share her high school experiences with marked improvement in problem solving. Recently she shared an experience that I was advised by our psychologist was an anxiety attack. Once she found out what it was, during an educational group on the life threatening dangers of stress, she realized she didn't want to live with so much stress. She asked to be referred to a counselor to reduce her stress. She's concerned with failing school, i.e., Latin, Physics, etc. She's now in counseling and elated.

V. Cost-effectiveness analyses

In 1992 there were 2,913 pregnancies to Oregon women between ages 10 and 17, resulting in 1,873 births. Based on an estimate of the number of women needing public services, here's an idea of the public bill for direct birth costs and continuing care (health and otherwise) for mother and child: Oregon spends $200 million per year to provide welfare benefits, health care coverage, and food stamps to families started by teens. If Oregon were now at its benchmark goal of reducing its pregnancy rate for women under 18 from 17.9 pregnancies per 1,000 women in 1992 to 8.0 pregnancies, the public cost saving would be over $42 million.

Table 12.

Treatment and Incarceration Costs			
FOSTER CARE (FY 92-93)	**Monthly**	**Daily**	**Annually**
Basic Foster Care	$ 378.00	$ 12.43	$ 4,536.00
Special Rates (average)	463.00	15.22	5,556.00
Total Special Rates (Inc. Basic Rate)	841.00	27.65	10,092.00
INTENSIVE FAMILY SERVICES (FY 92-93)	22 to 24 hours of Services for Child & Family over the course of 120 days = $4,042.00		
RESIDENTIAL TREATMENT (FY 92-93 for Level 5-Staff Secure Programs)	**Monthly**	**Daily**	**Annually**
Children (Inc. Mental Health Treatment)	4,557.00	149.82	54,684.00
Adolescents (Inc. Mental Health Treatment)	3,949.30	129.84	47,391.60
JUVENILE TRAINING SCHOOLS (As of 2/93)	**Monthly**	**Daily**	**Annually**
MacLaren/Hillcrest	3,695.63	121.50	44,347.50
STATE HOSPITAL TREATMENT (As of 6/11/92)	**Monthly**	**Daily**	**Annually**
C/ASTP	10,755.00	353.59	129,060.00
ADULT CORRECTIONS (As of 6/11/92)	**Monthly**	**Daily**	**Annually**
Local Jail	1,977.08	65.00	23,735.00
Parole Violator Prison	1,292.71	42.50	15,512.50
Minimum Security	1,365.10	44.88	16,381.20
Medium Security	1,478.55	48.61	17,742.65
Maximum Security	1,505.63	49.50	18,067.50

Source: Children's Services Division

Further complicating the costs described above is the reality that a significant number of individuals progress from one expensive service to another, accumulating

enormous costs during adolescence and into adulthood. Unfortunately, there is little evidence indicating that these expensive programs are effective.

Project *DaDa Kidogo* is not inexpensive on a per child basis. The cost per child for the last budget period was around $6800 per year. These costs decline after the first year of service. It also is the expectation that by serving these children intensively for several years in their early childhood, the much greater costs associated with incarceration and treatment can be avoided. The independent conditions allow for a comparison of differential costs. In any event, it is clear that the annualized costs for the Project *DaDa Kidogo* are considerably less than the current costs for adolescent treatment or incarceration (Table 12), and prospects for favorable outcomes with Project *DaDa Kidogo* appear promising. The program is very cost-effective when compared to the cost to society if these participants are in jail or getting pregnant instead of being in the program.

VI. Conclusions

The purpose of this study is to describe the development, activities, and accomplishment of the Project DaDa Kidogo during its fourth year of funding. The evaluation focused on both process and outcomes. The results helped provide an understanding of how the program has developed. In addition, these results should stimulate discussion about how to improve the program in the future; as well, it will as serve as a baseline against which future results may be compared.

The evaluation results indicate that the program's main accomplishment has been the development and orientation of the program in the two schools. There is a need for the program, as exemplified by the responses from the staff and community. The results of the surveys showed that the program was well received by the clients. The program has been useful in educating students regarding ATOD issues and communication skills in order to promote healthy life styles, self-esteem, and improved family communication. The case managers provided education on alcohol and other drug issues, development of communication skills, identification of resources and organizations within the community, and development of indigenous self-help networks. By creating alcohol and other drug community prevention systems that are successful in reducing risk factors and enhancing protective factors, it is possible to build communities that support and reinforce healthy growth and development.

The participants chosen by the program were selected based on their having a high level of need for protection and support. They each were found to have a low level of protective factors and a high level of risk factors in their environments. The program has enhanced the protective factors and reduced the risk factors for these girls. The data from the evaluation activities showed that the program has been effective in providing services to its participants. It demonstrated this effectiveness by improving the achievement, social adjustment and well-being of the girls and their families, as reflected

by the responses of the participants. The participants have stayed in school, not been involved in the juvenile justice system, and shown interests in school and career.

The participants received enrichment experiences and emotional support from the program. They reported improved personal competencies, self-esteem, interpersonal relationships and problem-solving skills. More importantly, a sense of hope was instilled in the participants, which may enable them to steer away from drugs, crime, and social dependency. Moreover, by working with schools and various community agencies, the program has developed a network of support in the community. Valuable services from community organizations are available to the participants and their families. This existing collaboration also encourages corporate, religious, and other community organizations to support and expand the program's activities for these high-risk youth.

National, state, and local statistics have shown that children who drop out of school and/or become involved with the criminal justice system tend to have high risk factors and low protective factors starting from a young age. Literature on resiliency has shown that the strongest single protective factor a child can have is a close and healthy relationship with a caring adult, especially an adult who has positive expectations for the child and involves him or her in meaningful activities. That is why this kind of program is very much needed in the community. We have paid a high price for not providing a nurturing environment to the children. Investing in programs like Project DaDa Kidogo, that deal with at-risk or high risk children, is an efficient and cost-effective way to build a better and healthier society.

There is a strong consensus that the project has helped to provide a strong and effective prevention program. For example, a majority of the students indicated that things were getting better in a range of areas, including cultural identity, personal well-being, making use of community resources, self-concept, and quality of life. When compared to the national and local norms, the adolescent females in the project have a significantly lower drop-out rate and pregnancy rate. The grades of the subjects have improved significantly after entering the program.

The project has made a tremendous contribution in providing prevention services for the African-American female adolescents in the county. Many of the respondents echoed the comment that the project was "the only game in town" for prevention services for African-American female adolescents. On the other hand, project staff members agreed that a denial of alcohol and other drug use problems in the community, a lack of funding, and a failing economy were major limitations of the project.

Significance of the study

The findings of the study were disseminated through meetings with key decision makers: program administrators, special program coordinators, community members, program staff, and clients. The evaluation has served to help the program and the clients begin to reflect on the existing mechanisms in the process of service delivery, and to think about their roles in this collaborative and interactive process. The evaluation study also has provided a knowledge base that is being used by county-level policymakers to help determine mental health funding priorities for the coming years.

The study provided significant information on the effectiveness of a school/community based comprehensive substance abuse prevention program designed to reduce the risks and promote the protective factors in the lives of African American adolescent females at high risk. Currently, information on the best methods to promote protective factors for African American is limited, and information on promoting protective factors related to alcohol and other drug use for African American adolescent females who are at risk is practically non-existent. The results of the evaluation greatly enrich our understanding of the component of an effective comprehensive prevention program, and provide useful theoretical and practical perspectives in identifying risk factors and in planning and implementing interventions. The study findings have also been of great importance to other local districts which are in the process of developing an effective and superior comprehensive prevention program for African-American female adolescents. The evaluation design can provide comprehensive information to enlighten what works best for this target population.

The information presented in this study can be used to assess the direction and objectives of this program. By creating alcohol and other drug community prevention systems that are successful in reducing risk factors and enhancing protective factors, it is possible to build communities that support and reinforce healthy growth and development.

Figures

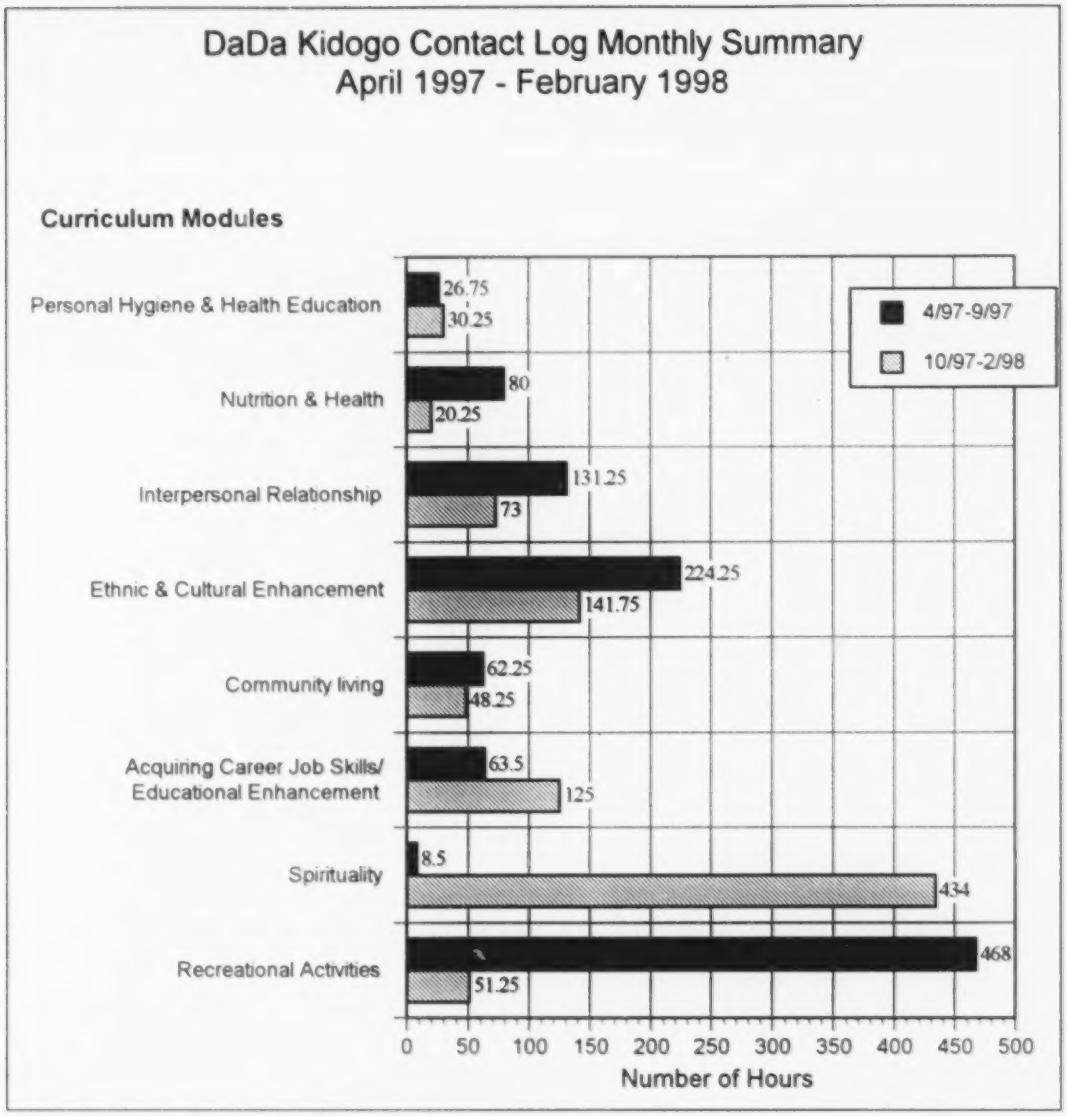
DaDa Kidogo Contact Log Monthly Summary
April 1997 - February 1998
Curriculum Modules
Personal Hygiene & Health Education
Nutrition & Health
Interpersonal Relationship
Ethnic & Cultural Enhancement
Community living
Acquiring Career Job Skills/ Educational Enhancement
Spirituality
Recreational Activities
26.75
30.25
80
20.25
131.25
73
224.25
141.75
62.25
48.25
63.5
125
8.5
434
468
51.25
4/97-9/97
10/97-2/98
0
50
100
150
200
250
300
350
400
450
500
Number of Hours

Figure 1

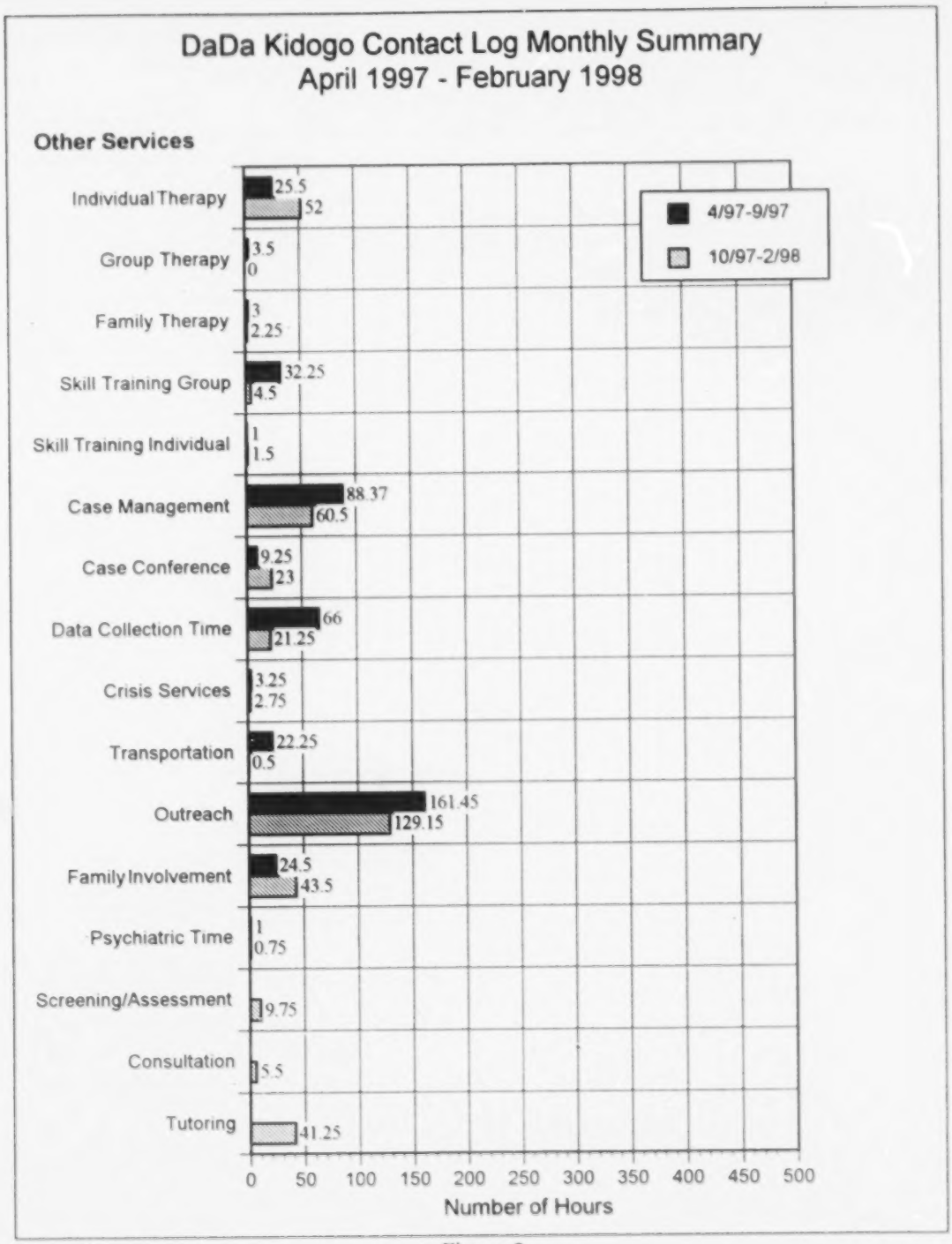
DaDa Kidogo Contact Log Monthly Summary
April 1997 - February 1998
Other Services
Individual Therapy
Group Therapy
Family Therapy
Skill Training Group
Skill Training Individual
Case Management
Case Conference
Data Collection Time
Crisis Services
Transportation
Outreach
Family Involvement
Psychiatric Time
Screening/Assessment
Consultation
Tutoring
25.5
52
3.5
0
3
2.25
32.25
4.5
1
1.5
88.37
60.5
9.25
23
66
21.25
3.25
2.75
22.25
0.5
161.45
129.15
24.5
43.5
1
0.75
9.75
5.5
41.25
4/97-9/97
10/97-2/98
0
50
100
150
200
250
300
350
400
450
500
Number of Hours

Figure 2

Harmfulness of Drugs
as Perceived by Middle School DaDa Participants, 1997-1998, and 8th Grade Monitoring the Future Participants, '97

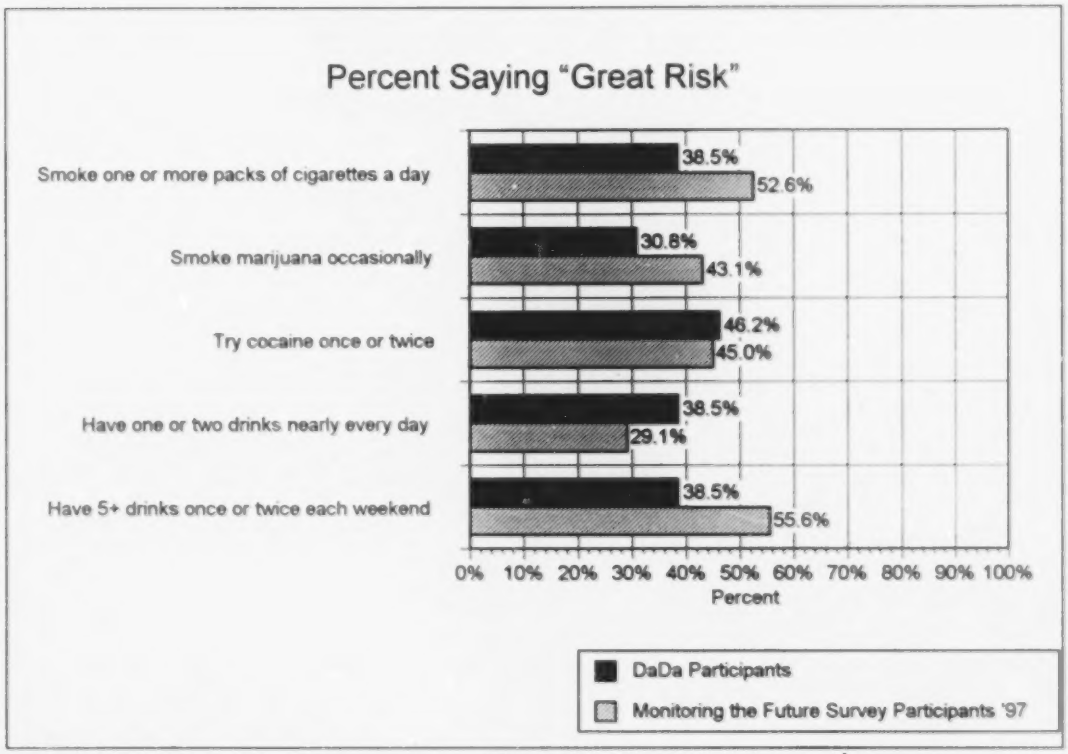

Figure 3

Harmfulness of Drugs as Perceived by High School DaDa Participants, 1997-1998, and 10th Grade Monitoring the Future Participants, '97

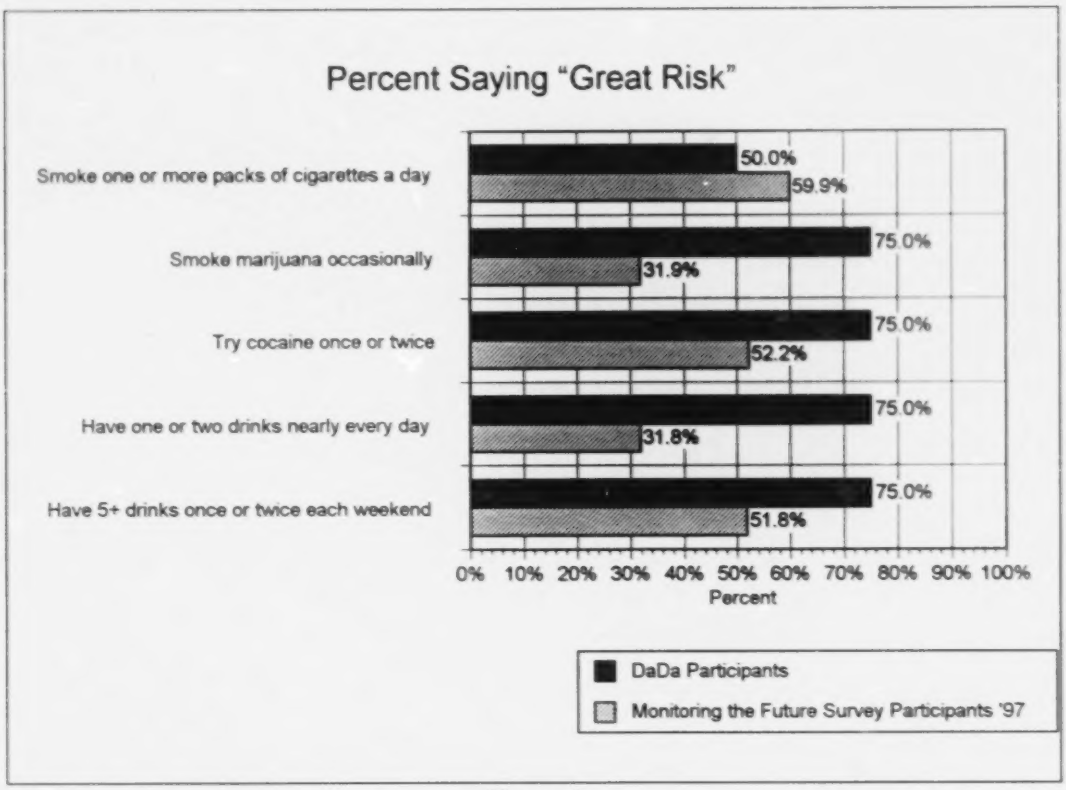

Figure 4

Harmfulness of Drugs as Perceived by NIA DaDa Participants, 1997-1998, and 10th Grade Monitoring the Future Participants, '97

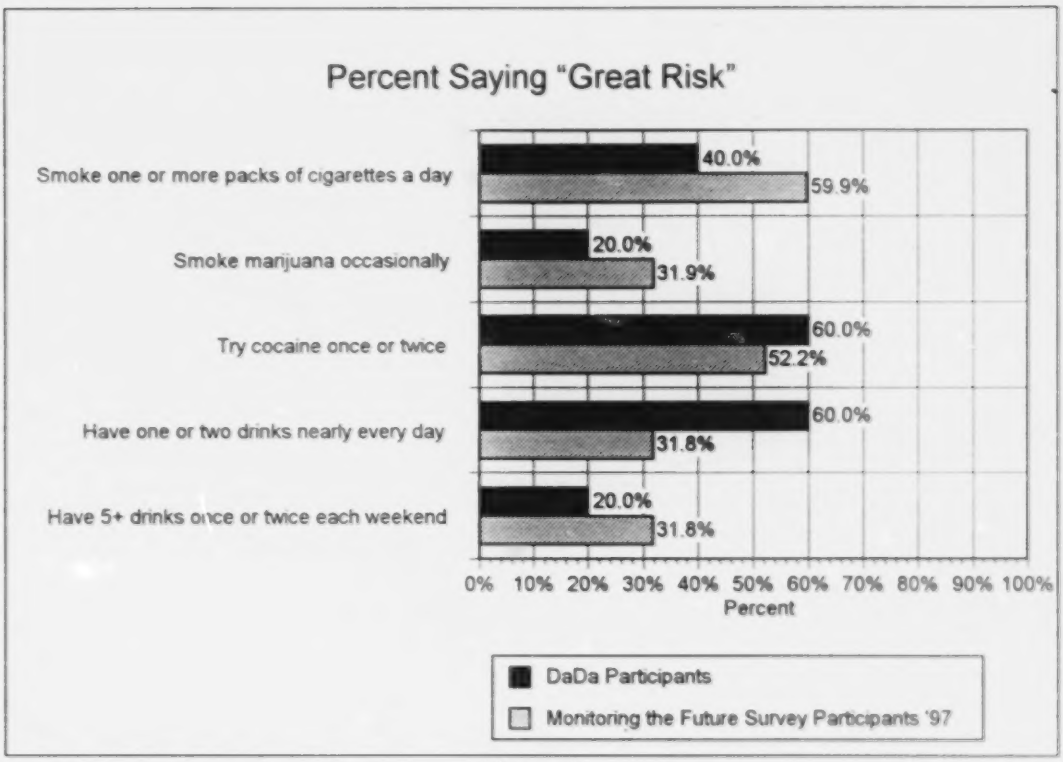

Figure 5